

ESH&Q Avian Influenza Response Plan

Purpose

The purpose of this document is to detail the response of the ESH&Q division to an avian influenza pandemic. This response plan is primarily devoted to ESH&Q actions in the event that the DOE or public health authorities instruct Jefferson Laboratory to cease non essential operations. Brief reference is also made to actions in the weeks leading up to a shutdown of non essential operations. This plan addresses the following issues.

- Actions During the Period Leading up to a Pandemic:
 - Support of Laboratory Management
 - Support of other Divisions
 - Support of Employees
- Actions in Response to a Shutdown of Non Essential Operations:
 - Essential Personnel
 - Communication
 - Work Practice Controls
 - Respiratory Protection
 - Hand Sanitizer Stock
 - Work from Home

Actions During the Period Leading up to a Pandemic

A pandemic would be likely if the avian influenza virus mutates so as to become easily transmissible from person to person. After such genetic change, a pandemic might develop over a period of weeks to months. This lead time would allow the ESH&Q division to support the Lab as it prepares for the pandemic. During the weeks leading up to a pandemic, ESH&Q support would include the following:

- ***Support of Laboratory Management.*** ESH&Q would be the primary source of medical information to help Laboratory management predict the timing of a shutdown and make appropriate preparations.
- ***Support of other Divisions.*** ESH&Q would also be available to help other divisions with matters relating to health and safety during preparation for shutdown.
- ***Support of Employees.*** ESH&Q would conduct education sessions to help employees understand the biology of avian influenza and the steps they should take to protect themselves and their family members in their personal lives. In addition, education sessions would be held for designated essential employees (discussed below) in all divisions. These sessions would review work practice

controls to be followed, and personal protective equipment (PPE) to be used, by essential employees who must work on site during, or after, a shutdown of non essential operations.

Actions in Response to a Shutdown of Non Essential Operations

- **Essential Personnel.** Designated essential personnel are employees who might need to work on site during, or after, a shutdown of non essential operations. The primary purpose of such designation is to allow adequate protection of employees through work practice controls and PPE. In addition, essential employee designation would allow Laboratory management to better control access to the site by formally prohibiting non essential employees from coming to work. Designated essential personnel would not necessarily need to work on site. However, if they were needed, they would be protected against contagion while on site. ESH&Q designated essential personnel include the following:
 - C. Ferguson
 - E. Abkemeier
 - P. Hunt
 - W. Chandler
- **Communication.** During a pandemic, essential and non essential employees must be able to communicate with each other effectively. The ESH&Q division maintains a list of land line, cell, and pager numbers, and email addresses for all of its employees, both essential and non essential. In addition, employees can communicate through a shared email address, EHS_staff@jlab.org.
- **Work Practice Controls.** Mandatory work practice controls for essential employees would include the following:
 - **Social Isolation.** "Social isolation" refers to avoidance of close interaction with other people. Social isolation is the most effective means of preventing contagion.
Control: Staff members should maintain at least six feet of space between themselves and other people. If close proximity is necessary, a respirator should be donned. Avoid touching other people unnecessarily. Hand shakes must be avoided.
 - **Respiratory Protection.** Respirators such as N95's protect the wearer from droplet transmission of disease. In addition, they prevent the wearer from touching her or his mouth.

Control: Wear a respirator as much as possible. Respirators would be required when working within six feet others. Dispose of respirators after six hours of use, or at the end of the work day, whichever is least.

- **Personal Hygiene.** Fastidious hygiene significantly reduces disease transmission.

Controls:

- *Hand Washing.* Employees must wash their hands as often as possible. Hand washing would be required after touching other people. Hand washing would also be required after an employee touches his or her mouth or face, and after sneezing or coughing. Proper hand washing technique involves use of sufficient soap to create suds over the entire hand. The hands should be rubbed together for 30 seconds and then thoroughly rinsed. Antibacterial soaps do not kill viruses. However, all soaps tend to disengage viruses from the skin. Rinsing then removes the microbes.
- *Hand Sanitizing.* Ethanol based personal hand sanitizers kill virtually all viruses on contact, assuming that an adequate quantity is used. "Adequate quantity" refers to application of sanitizer to the entire hand. Staff members should carry a personal hand sanitizer container with them at all times, and use it frequently, especially when hand washing is not possible.
- *Sneezing and Coughing Etiquette.* Employees who are ill must not work on site, even if they are considered to be essential personnel. If an employee must sneeze or cough, she or he should walk away from others, then face away from others, and then sneeze or cough into her or his clothing or a paper towel or tissue.
- *Surface Disinfection.* The avian influenza virus appears to be viable on surfaces for 48 hours after deposition. Therefore, disinfectant (not antibacterial) wipes should be used on surfaces that the staff member contacts frequently. This is especially true for telephones. If possible, keyboards should also be disinfected.

Respiratory Protection. Respirators vs. Surgical and/or Dust Masks. Respirators such as N95's and N100's protect the wearer from droplet transmission of disease, and, to a lesser extent, from disease transmission by microbial particles. Surgical and/or dust masks are not respirators. They do tend to entrap droplets. However, they do not fit tightly against the face. Moving air follows the path of least resistance, and so surgical masks and dust masks do not protect the wearer as effectively as respirators do. In addition, surgical masks and dust masks do not filter small, respirable particles. Dust masks are labeled by the manufacturer as not protective against disease.

Surgical personnel wear surgical masks in order to prevent droplets from the wearer's mouth from entering the surgical field. Surgical masks are not worn to protect the health of the wearer. Both respirators and masks prevent the wearer from touching her

or his mouth. During an avian influenza pandemic, the best protection would come from N95 or N100 respirators. Surgical and/or dust masks would be less protective.

- ♦ **Respirator Selection.** N95 or N100 respirators should be utilized if possible. If budgetary constraints and/or availability preclude their use, surgical and/or dust masks can be used as an alternative.
- ♦ **Training.** Fit Testing, and Medical Evaluation. OSHA regulations require training, fit testing and medical evaluation for mandatory respirator use. These OSHA requirements are important for the safe and effective use of respirators. During a pandemic, respirator use would be required, following the mandatory work practice control included above. Therefore, OSHA regulations for training, fit testing, and medical evaluation would apply. In the setting of avian influenza preparedness, the following procedure would be followed.
 1. Each Division would identify designated essential personnel who might need to work on site during a pandemic.
 2. The Industrial Hygiene and Occupational Medicine groups would divide this list into two sets. The first set would include employees who are already part of the Lab's respiratory protection program. These employees would need no special attention if a pandemic occurred because they would have already received training, fit testing, and medical evaluation. The second set of employees would be those who are not already part of the Lab's respiratory protection program.
 3. This group of employees would receive special training, fit testing and medical evaluation if a pandemic appeared reasonably possible. Such a ramp up is logistically feasible.
- **Respirator Inventory.** Respirator inventory should be determined by the following formula.

Number of designated essential employees for all Divisions X 1 respirator/
essential employee/work day X 5 work days/week X 6 weeks/pandemic =
number of respirators/pandemic.

Hand Sanitizer Stock. Designated essential employees would be given personal hand sanitizer bottles for use while on site. It is desirable to utilize a container size that is small enough to be comfortable in pockets. Therefore, containers of 0.5 oz. to 2.0 oz. each are recommended. Containers of 0.5 oz. cost \$0.50 each. Containers of 2.0 oz. cost \$2.09 each. If an essential employee worked full time on site, and only used the sanitizer while on site, he or she would probably use at least 2 oz. per week. Pandemics often occur in waves. It would not be unusual for pandemic alerts to be at

their highest for a period of six weeks. Therefore, if a division chooses to stock sanitizer for employees the following formula might be utilized.

2 oz./designated essential employee/week X 6 weeks.

If there were 50 essential employees, then the stock would be 50 employees X 6 weeks X 2.0 oz. bottle/week = 300 bottles of size 2 oz. This would cost \$2.09 X 300 = \$627.

The ESH&Q division has six designated essential employees. Therefore, it will stockpile at least 36 bottles.

Communication. Establish communications with:

- ♦ Public Affairs office. They have access to the front page of the website and can generate general public/staff announcements.

Work from Home. Many non essential employees would need to work from home during a pandemic. During the period leading up to a pandemic, ESH&Q would partner with Laboratory management and Human Resources to facilitate this.



Avian Flu Pandemic Table-Top Exercise Summary & Follow-Up Actions

Conducted by Jefferson Lab EH&S Division

January 31, 2006

ARC 231 – 1:30-3:30pm

Participants:

Walter Chandler, MD	John Kelly
Craig Ferguson	Andrew Hutton
Kris Burrows	Robert May
Bert Manzlak	Mac Mestayer
Patricia Hunt	Ned Walker
Thomas Hassler	Nina Farrish
Debra Magaldi	Patricia Sumner – TJSO
David Trump, MD, MPH, Director, Peninsula Health District, Virginia Department of Health	

Dr. Smitty Chandler provided an overview of the biology of the virus (Influenza-A, Strain H5N1), the serious impact it could have on the area, and the concerns of public health officials at the federal, state, and local levels. His presentation is attached for additional information.

One of the main considerations of relevance is the probable duration of a pandemic. Dr. Chandler stated that it would quite likely result in a six-week isolation period

This exercise was primarily focused on the implications a pandemic would have for the EH&S Division. While division actions would be in concord with the Lab's overall planning and responses, it appears certain that EH&S will provide a number of services to the entire Lab in advance of an avian flu outbreak, and in the time interval between overall heightened public concern and modifications to Lab operations. For these reasons, the participants included non-EH&S Division staff in order to hear their perspectives as individuals, as staff members who would be affected by planning and response strategies, and in, several instances, they themselves would have important roles in the Lab's actions.

John Kelly then provided a series of pandemic implications or issues that JLab would likely have to address. The open discussion that followed typically pointed to a need for specific preparation actions. These are noted with each item along with the name of the person responsible for action.

Part I: *Plan for essential-staff-only contingencies*

Issue 1: Designate which EH&S staff members are essential to remain on site.

This discussion was framed by the Lab's working definition for "essential personnel" and by the overarching principle that nothing the Lab does is so important or urgent that people are put at risk.

Essential Personnel *Those whose duties and responsibilities are essential in carrying out critical operations or who have key knowledge, skills, or access to resources necessary to protect other people and/or Lab property.*

The designation of Essential Personnel is made by the respective department director or group leader, and the list should be reviewed at least quarterly to ensure accuracy.

Note that Essential designations may be different for different types of emergencies; more than one list may be appropriate.

EH&S Manual, Ch. 3510 Emergency Management Plan

Simply put, if Lab staff are working on site, there needs to be appropriate EH&S support. This includes radcon, industrial safety, industrial hygiene, and occupational health. The main factor that will determine the necessity and number of EH&S personnel is whether the accelerator shuts down. Andrew Hutton said that this would be done at the recommendation of the Site Office and/or public health officials. He envisions the scenario to be similar to the shutdown for a hurricane, but taking into consideration the extended period of time. As the accelerator shuts down, fewer individuals would be required to monitor activities.

EH&S would provide support at the level required for all of the essential personnel on site. The individuals listed below would be able to recommend additional personnel as required. Craig Ferguson would have ultimate authorization.

Action: *Designated EH&S Division staff members who are considered essential to EH&S operations:* {Craig Ferguson}

Craig Ferguson
Patty Hunt
Erik Abkemeier
Dr. Chandler

Status: *Complete*

Note: One of the pre-determined stages of Virginia's public health management of a pandemic is mandatory closing of all non-essential businesses. JLab would likely be in that category.

Issue 2: Effective Communication

The Lab has first-hand experience with the problems that arise with conventional communication methods during a local emergency. It is reasonable to expect a full-blown pandemic could well affect wired and cellular telephone systems, paging services, and internet service. Up-to-date contact information and redundant communication options are vital.

Action: *Develop and update on a regular basis an emergency contact list for EH&S Division employees.*
{Mary Jo Bailey}

This list will include all phone numbers by which a staff member can be contacted, pager numbers, work e-mail addresses (and @home where available). The lists will be printed on a durable material and distributed in triplicate to all individuals with recommendations that they keep these in various places (home, car, and work). Note that non-work contact numbers/addresses will not be distributed further without permission by the person in question. There will be periodic calls for new information, though it is an individual responsibility to inform the list administrator promptly of any changes.

Status: *Complete*

All ehs@jlab.org

Authorized to send out safety communications:

Craig Ferguson	Erik Abkemeier
Mary Jo Bailey	Smitty Chandler, MD
Patty Hunt	Bob May
John Kelly (Emergency Manager)	

EHS staff@jlab.org

All EH&S Staff can send mail to and from this address. This is a new, shared address for EH&S staff on-site and off-site (or in-town, out-of-town) to communicate with the entire group.

Web-based communication, not only with essential personnel but with all employees, will be important. Debra Magaldi and others in Public Affairs have access to the front page of the Website and are able to post up to 60 words. (This service is used during winter weather and hurricane updates.) This, however, is only a one-way communication and the Lab would need to be kept advised as to the health status of individuals and their families in order to prepare for re-start.

Issue 3: Working from Home:

“Social distancing” is a recommended flu-prevention method. Individuals should remain at least six feet from each other. It is foreseeable that the Lab may opt or be directed to make maximum use of work-from-home strategies as an interim measure.

All EH&S Division staff can work productively from home for a finite period of time. This will be enhanced significantly if there are provisions for access from off site to the Lab’s computer-based resources: for example, access to the individual’s J:\ drive and to shared

folders. The Computer Center and MIS Group would be challenged to accommodate individuals who could work from home. That is something they will need to consider. Activities would include:

- ♦ Analyzing data and information
- ♦ Providing updates to key personnel on EH&S issues, etc
- ♦ Potential resources for community

Kris Burrows has recent experience with using Mozilla for off-site access to the JLab e-mail on individual's home or lap-top computers and recommends this in lieu of using the Web-Mail host. The recipe for installing and configuring Mozilla as a remote secure email client is found at:

<http://cc.jlab.org/docs/services/email/SecureMailClientSetup.html>

Action: *Confer with Computer Center about feasibility and support for non-essential staff who are working from home to have remote access to document files from within JLab domain (i.e. J:\ & M:\ drives).*
{John Kelly}

Due Date: (04/30/06)

NOTE:

Dr. Chandler believes that the public health officials will recommend the shutdown of non-essential operations (in the private sector) prior to an outbreak. Dr. Trump concurred. This would mean that, unlike a cold, which is passed around the office, we would be advised to stay home before anyone got sick. Schools would be closed before an outbreak to prevent spreading. This would mean that it is possible that the Lab shutdown could last for more than six-weeks.

Part II: *Assure that staff members on site are protected.*

Issue 4: Prevention and Control Measures:

- a. Social distancing
- b. Habitual hand sanitizing (frequent hand washing when possible; use of hand sanitizer as an interim or additional measure)
- c. Never touch mouth with hands
- d. Use of disposable respirators (NIOSH Designation N95 or better)
- e. Assure medical clearance, fit testing and training for EH&S staff
- f. Assure adequate supply of N95 respirators; access & distribution

Dr. Chandler recommends stockpiling hand sanitizer and disposable respirators with a NIOSH designation of N95 or better. Once public advisories are issued that include recommendations for disposable respirators, current inventory and manufacturing capacity will likely be overwhelmed. JLab should ensure an on-hand quantity sufficient for essential staff. At present, Safety stocks NIOSH P100 respirators, and any unused quantities of those purchased for flu preparations will be used eventually for normal situations. Patty Hunt, Dr. Chandler, and Craig Ferguson confer regarding quantities.

Dr. Chandler also recommends that essential personnel receive medical clearance, fit testing, and pre-training in the use of respirators.

It should be considered that hand-sanitizer will also become scarce in the stores, but it has an indefinite shelf life, making it a candidate for stockpiling. There are also recipes for making hand sanitizer from aloe Vera gel and isopropyl alcohol.

Decontamination of areas used by individuals who get sick would be in accordance with public health advisories.

Action: Develop EH&S Division Pandemic Preparation and Response Plan.

{Dr. Chandler.}

Status: Complete

Issue 5: Restricting visitors to the site or to certain buildings?

It was agreed that EH&S would recommend that essential visitors (e.g. spill clean-up and other emergency crews) would be allowed on site. But as conditions progress to a complete shutdown, visitors to the Lab in general would become more limited in accordance with public health advisories.

Issue 6: Support to/from other Divisions/Departments:

It has been recommended that all divisions perform a table top exercise on the pandemic flu topic. A representative from EH&S should be invited to share the information and recommendations that have been discussed.

Dr. Chandler will provide information regarding recommendations for stockpiled supplies. These can be put on the Occupational Medicine Website for easy reference. (See Appendix II for current recommendations.)

Suggested questions for all JLab divisions to consider in the near-term:

What would JLab's response options be to drastic measures issued by public health and other authorities?

- a. Closing non-essential businesses and public-gathering places.
- b. School closings
- c. Travel prohibition (including inability of Lab staff to return to U.S.)
- d. Enforced quarantine

What risks does avian flu pose to our supply chain – vendors and subcontractors – particularly if we are sourcing internationally from already affected areas?

– Exhibit I – Respiratory Protection during an Avian Influenza Pandemic

Purpose

The purpose of this document is to suggest respiratory protection controls for use during an avian influenza outbreak that affects JLab staffing and operations. These suggestions are specifically intended to be used in the event that public health or DOE guidelines prevent non essential staff members from working on site. The controls are designed to protect essential staff members while they are on site.

Work Practice Controls

Wear a respirator as much as possible. Respirators should be required when working within six feet of others. Dispose of respirators after six hours of use, or at the end of the work day, whichever is shortest duration...

Respirators vs. Surgical and/or Dust Masks

Respirators such as N95's and N100's protect the wearer from droplet transmission of disease, and, to a lesser extent, from disease transmission by microbial particles. Surgical and/or dust masks are not respirators. They do tend to entrap droplets. However, they do not fit tightly against the face. Moving air follows the path of least resistance, and so surgical masks and dust masks do not protect the wearer as effectively as respirators do. In addition, surgical masks and dust masks do not filter small, respirable particles.

Dust masks are labeled by the manufacturer as not protective against disease. Surgical personnel wear surgical masks in order to prevent droplets from the wearer's mouth from entering the surgical field. Surgical masks are not worn to protect the health of the wearer. Both respirators and masks prevent the wearer from touching her or his mouth. During an avian influenza pandemic, the best protection would come from N95 or N100 respirators. Surgical and/or dust masks are less protective.

Respirator Selection



N95 or N100 respirators should be utilized if possible. If budgetary constraints and/or availability preclude their use, surgical and/or dust masks can be used as an alternative. (Note that **P** & **R** prefixes to respirator designations refer to their oil-resistance. Their particle-capture efficiency is the same as with **N** prefixes for the same rating – 95, 100, etc.)

Examples of N100
(note rigid construction)
Examples of N95



Training, Fit Testing, and Medical Evaluation

OSHA regulations require training, fit testing and medical evaluation for mandatory respirator use. These requirements are important for the safe and effective use of respirators. During a pandemic, respirator use would be required, following the work practice control included above. Therefore, mandatory OSHA regulations for training, fit testing, and medical evaluation would apply.

In the setting of avian influenza preparedness, the following procedure should be followed.

1. Each Division should identify designated essential personnel that might need to work on site during a pandemic.
2. The Industrial Hygiene and Occupational Medicine groups should divide this list into two sets. The first set should include employees who are already part of the Lab's respiratory protection program. These employees would need no special attention if a pandemic occurred. The second set of employees should be those that are not currently part of the Lab's respiratory protection program.
3. This group of employees should receive special training, fit testing and medical evaluation if a pandemic appears reasonably possible. Such a ramp up is logistically feasible.

Respirator Inventory

Inventory should be determined by the following formula:

Number of designated essential employees for all Divisions

- × 1 respirator/essential employee/work day
- × 5 work days/week
- × 6 weeks/pandemic = **number of respirators/pandemic**

Assume a total of 50 essential staff. Respirator cost/each \$5.00

$50 \times 5 \times 6 = 1500 \text{ respirators} \times \$5.00 = \mathbf{\$7500}$

Note that stockpiled respirators, if not needed as a flu-control measure, will nonetheless be used in time for routine purposes.

– Exhibit II – Use of Hand Sanitizer as an Avian Influenza Preventative

Alcohol-based hand sanitizer gels are effective as a portable supplement, or, when circumstances dictate, alternative to frequent hand-washing as a flu preventative. They are among Dr. Chandler's recommended prevention and control measures.

These products are widely used at present, available from consumer and commercial sources. As with respirators, however, it is likely that existing inventories would be depleted quickly as a consequence of public health advisories that recommended use of the products. Thus, it would be advisable for the Lab to stockpile an appropriate amount of the gel.

Considerations:

- It is desirable to utilize a container that is small enough to be comfortable in pockets. The smallest, 0.5 oz. containers, are popular. These cost approximately \$0.50 each at WalMart. JLab's medical supply vendor sells 2 oz. containers for \$2.09 each. That size would not be too large for pocket carriage.
- If an essential staff member worked full time on site, and only used the sanitizer while on site, he or she might use approximately 2 oz. per week.
- Pandemics often occur in waves. It would not be unusual for pandemic alerts to be at their highest for a period of six weeks.

Therefore, if the Lab chooses to stock sanitizer for employees, the following formula might be utilized: (Assume 50 designated essential employees using 2 oz per employee per week for up to 6 weeks.)

50 employees
 × 6 weeks
 × 1 2-oz bottle per week = 300 2 oz bottles
 This would cost \$2.09 × 300 = **\$627.**

– **Exhibit III** –
Dr. Chandler's Avian Flu Tabletop Overview

EH&S Avian Influenza Table Top

Smitty Chandler
John Kelly



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Agenda

- ***Introduction and rationale***
- Biology and epidemiology
- DOE perspective
- Table top charge



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Background

- Christoph, Craig and Smitty met
- John and Smitty met with DSC
- Plan
 - Divisional table top exercises
 - DSC integrates into Lab approach
 - EH&S conducts first table top and shares experience with other divisions



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Biology of Avian Influenza

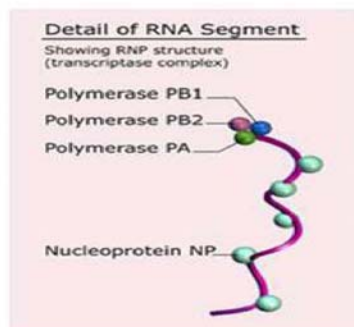
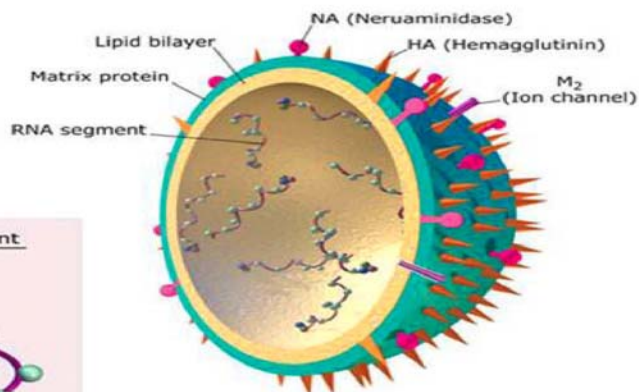
- Based on protein shell, type is Influenza A, strain is H5N1
- Highly contagious bird to bird
- Slightly contagious bird to human
- Rarely contagious human to human



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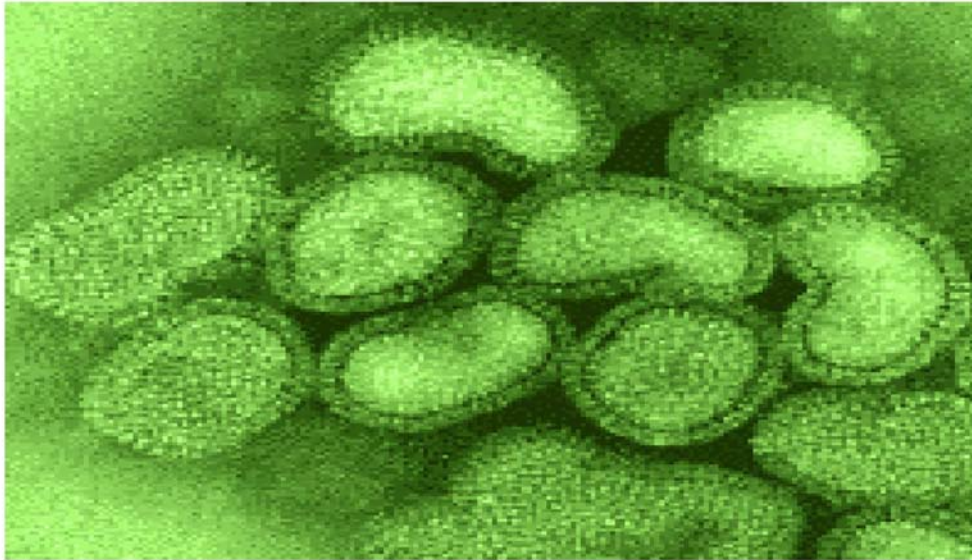
Avian Influenza Virus



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Avian Influenza Virus



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Reasons for Concern

- Like all influenza viruses, it mutates and genetically rearranges easily
- It is acting as if it might become contagious person to person
 - Cases: '03-3; '04-46; '05-94
 - Deaths: '03-3; '04-32; '05-41
- It is unusually virulent
 - Death rate > 50% of diagnosed cases



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1918 Pandemic

- 1918 was avian
- Killed 10-100 million worldwide
- Probably had a higher attack rate and a lower death rate than H5N1
- Population density was lower
- Transportation was more limited
- Therefore, if H5N1 achieves a high attack rate before vaccine is available, catastrophe might result



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Federal Table Top

- 2 million US deaths
- 30% of population ill
- \$500 billion cost to US economy



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DOE Comments Based on Level of Risk

- Conduct table top exercises
- Ensure connectivity of pre-designated personnel, in the event of work-at-home
- Enable self-identified, high risk persons not eligible for telecommuting to take unscheduled leave
- Implement maximum telecommuting
- Eliminate meetings with > 6 people



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DOE, Continued

- Require all personnel to wear masks
- Ensure continued performance of essential activities
- Recommend immediate shutdown of DOE
- Direct non-emergency personnel to stay home
- Determine need for disinfection of facilities prior to restart



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DOE, Continued

- Avian influenza represents a current, immediate threat to the DOE
- There are two major concerns: speed at which H5N1 can mutate, and virulence as expressed by its speed of transmission and deadliness
- Millions of healthy people could die



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Controls

- Vaccine
- Tamiflu
- Social isolation
- Hand sanitizers and washing
- N95 respirators



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EH&S Table Top Charge

- Designate which EH&S staff members are essential to remain on site
- Assure method for effective telephone contact
- Assure method for effective home computer work



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Charge, Continued

- Assure that staff members on site are protected
 - Social distancing
 - Habitual hand sanitizing
 - Use of N95's
 - Never touch mouth



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Charge, Continued

- Assure that staff members on site are protected
 - Social distancing
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 - Use of N95's
 - Never touch mouth



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Charge, Continued

- Assure medical clearance, fit testing and training for N95's for EH&S staff
- Assure adequate supply of N95's



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Charge, Continued

- Assure appropriate support of other divisions
 - Share EH&S table top experience
 - Assure supply, medical clearance, fit testing and training for N95 users in all divisions



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